

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TM		\$30.00
O.I.P.E. CLASSIFIER			6-6-00
FORMALITY REVIEW	KE	2C816	02-12-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final Original	Date
1	✓	02/15/00
2	✓	02/15/00
3	✓	02/15/00
4	✓	02/15/00
5	✓	02/15/00
6	✓	02/15/00
7	✓	02/15/00
8	✓	02/15/00
9	✓	02/15/00
10	✓	02/15/00
11	o o o	
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13	✓	
14	✓ ✓ ✓	
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39	✓	
40	✓	
41	✓ ✓ ✓	
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43	o o o	
44	✓	
45	✓ ✓ ✓	
46	✓	
47	✓	
48	✓	
49	✓	
50	✓	

Claim	Final Original	Date
51	✓	02/15/00
52	✓	02/15/00
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Claim	Final Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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